

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Mushtaq Ahmad	COURT CASE NUMBER	1: 18-CV-3494 (WFK)(LB)
DEFENDANT	New York City Department of Education; et. al.	TYPE OF PROCESS	Order, Summons, Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Katherine G. Rodi, Director of the Office of Employee Relations (OPI) ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 65 Court Street, Brooklyn, NY 11201		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3
Mushtaq Ahmad 10 Parliament Drive New City, NY 10956		Number of parties to be served in this case	13
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

FILED  
IN CLERK'S OFFICE  
US DISTRICT COURT E.D.N.Y.

★ SEP 24 2018 ★

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

(718) 613-2610

DATE

7/20/18

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 53	District to Serve No. 53	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 7/25/18
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) Betty Mazzyck, Service Window Clerk				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above) The City of NY, Office of the City Corporation Counsel, Law Department 100 Church Street, NY, NY 10007				Date 9/14/2018	Time 10:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Service Fee \$136.00	Total Mileage Charges including endeavors \$5.40	Forwarding Fee —	Total Charges \$135.40	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED